It is entirely reasonable to conclude that in leukemia the new radioactive substances have nothing new to offer. Any type of radiation palliates chronic leukemia. No type seems to benefit in the acute cases.[5]

This does not mean that we cannot look forward to much of great scientific interest and possible therapeutic help from radioactive elements. Such isotopes, previously produced by the cyclotron in amounts detectable only by ultramicrochemistry, can now be expected from the atomic pile in sufficient quantity to render them available for medical experimentation. Radioactive phosphorus is concentrated in organs with a high phosphorus content such as bone, but experiments in the control of osteogenic sarcoma have been disappointing, because it has not been possible to reach a sufficiently high concentration in the tumor area. Radioactive iodine is concentrated in the thyroid, and early experiments show it may be very useful in the control of hyperthyroidism, or even sometimes in the control of thyroid carcinoma.

P-32 has a half life of 14.3 days—a fact which may make it much more useful than radon, which is customarily used for implantation in gold seeds, and which has a half life of a little less than 4 days. Low-Beer[8] has recently used blotting paper moistened by P-32 to cure surface malignancies.

There are numerous interesting possibilities for the use of radioactive isotopes, many yet unexplored. We can predict with reason and from more than ten years' experience, however, that there will be no advantage in the use of these substances over the commonly used types of radiation in the treatment of leukemia.

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FREEDOM FROM DOUBT

When the California State Supreme Court late last month issued its decision in the California Physicians' Service case it removed whatever doubt had previously existed as to the exact corporate structure and status of C.P.S. Litigation lasting more than six years was concluded and the doctors behind the program were given a green light to proceed under their original plans.

Behind this case was the desire of C.P.S. to prove itself a service organization, incorporated not for profit but for the good that could be delivered to the people of California. The original suit was filed in Superior Court by C.P.S., asking that the court declare C.P.S. not an insurance operation. The Superior Court agreed with the reasoning behind this suit and enjoined the state Insurance Commissioner from assuming jurisdiction over C.P.S.

On appeal from this decision by the Insurance Commissioner, the Appeal Court upheld the Superior Court; on appeal from that decision, the matter went before the Supreme Court.

On another page of this issue will be found a digest of the Supreme Court decision; it makes extremely interesting reading. For the benefit of those who do not wish to go over the entire digest, it is noteworthy that the Court looked upon C.P.S. from the human side and not merely from the business angle. The decision says: "Probably there is no more impelling need than that of adequate medical care on a voluntary, low-cost basis. The medical profession, unitedly, is endeavoring to meet that need. Unquestionably this is a service of a high order and not indemnity."

In another place the Court characterizes C.P.S. as "a pioneer attempt by the physicians of California to make available medical care for those who find the cost of sickness a burden not easy to bear."

One result of this opinion is that there need now be no question about imposing on the people of California a gross premiums tax which would be levied against them if C.P.S. were held to be an insurance operation. Thus a tax on human suffering need not be levied. Another result is that the many corporations and business organizations which have been hesitant to enroll their employees in C.P.S. because of a possible cloud on the status of the service may now go ahead and bring the benefits of a high grade non-profit medical care service to their workers.

As for the doctors—and more than 7,400 of them are now physician members of C.P.S.—the most significant interpretation of this decision is the removal of doubt which has shadowed C.P.S. for six years. Wherever hesitancy may have existed before, it may now be dropped;

wherever questions arose as to just what corporate form C.P.S. may have occupied, there is now an answer.

The Supreme Court has given its opinion, a green light. The enrollment drives now being staged may continue without interruption. The more than 265,000 present beneficiary members may be assured that their medical care is forthcoming and that the new members swelling C.P.S. membership rolls each day will receive the same high quality medical service on a non-profit cooperative basis.

Study of Child Health Services

The American Academy of Pediatrics has undertaken and now has begun a nationwide Study of Child Health Services. As the study gets under way in California, its sponsors are asking and surely should be given the full cooperation of physicians who are being called upon for needed factual information. It has the approval of the California Medical Association as well as of other organizations of physicians.

Purpose of the study is two-fold: (1) to collect data to be used as the basis for scientific planning so that physicians themselves, under the present system of the practice of medicine, will be better able to devise ways for equal and proper distribution of medical care to meet the health needs of all children in the post-war period; (2) to provide an armament of facts for intelligent argument against intervention by lay or government groups.

The study is by and for doctors of medicine. Practicing pediatricians are collecting the data. At the same time, the Academy expects government agencies to accept the findings, since the United States Public Health Service will do all the manual statistical organization of the data submitted from the various states. (The Academy asked for and was granted advisory and statistical help from the Public Health Service and the Children's Bureau. These organizations enter the study only in those capacities.)

Encompassed by the study are an investigation of hospital facilities, public and semi-public health and community services; distribution, qualifications and activities of professional personnel; and the extent of pediatric education in the medical schools.

As their part, physicians in private practice are asked to fill out a one-page questionnaire, regardless of whether they see children in their practice or not. All information is strictly confidential.

Considering the scope and purpose of the study, this modest request appears to be one that should be complied with by even the busiest of physicians.

The Responsibility of the Physician in Premarital Examinations

The premarital examination law was enacted in 1941, and has been favorably accepted by the public and the medical profession. During the war years, however, some abuses and some circumventions of the law appeared which have recently been made the subject of a study by the California State Board of Health.

The language of the law is, as laws go, remarkably simple. The law specifies merely that a physician shall give his opinion that "the person is not infected with syphilis, or if so infected, is not in a stage of that disease which is or may become communicable to the marital partner," and that a blood specimen, designated as a "premarital test" shall be submitted to a laboratory. How thorough an examination should be made is left by the law as an open question. The physician is asked only to sign a statement that the person is not infected with communicable syphilis.

The actual mechanism of taking care of candidates for marriage was purposefully made simple. The Premarital Act, as written, anticipated that the patient would go to his physician and thence to the laboratory with a request for a premarital test. The laboratory then returns its report to the physician on a special blank which the State Department of Public Health has supplied the laboratory. If the test is negative the physician merely countersigns this report and gives it to the candidates for marriage, who in turn present it to the Marriage License Bureau.

It is, in fact, the very simplicity and minimizing of red tape which have allowed irregular practitioners and laymen operating laboratories to circumvent the original intention of the law. In the Los Angeles area, for instance, until the State Board of Health compelled their removal, several laboratories near the Hall of Records had large electric signs advertising "Marriage Examinations—Four-Hour Service," or equivalent.

It is self-evident that such advertising was not calculated to encourage the couples to seek out the physician of their choice as the law intended, but instead, as is the case with so many schemes to commercialize medicine, left the physician in the position of a sort of undesirable end-product who was useful only for his signature.

Recent questionnaire studies by the California State Board of Health on large numbers of couples who have had premarital examinations, reveal that in some areas as many as 40 to 50 per cent of these couples go directly to such lab-